Letters to the Editor

“Real” and “Unreal” NDEs

To the Editor:

In many discussions of near-death experiences (NDEs), accounts that seem contradictory or unbelievable sometimes lead people either to reject completely all NDEs or to try to find forced explanations for stories they would like to believe. I believe that we must distinguish real from unreal NDEs.

Melvin Morse (Morse and Perry, 1990, 1992) referred to the work of Wilder Penfield, and recent television shows have highlighted the work of Michael Persinger. Penfield and Persinger have demonstrated that special kinds of stimulation can identify specific areas of the brain where NDEs take place.

Other researchers have shown that stimulating different parts of the brain can induce, for example, feelings of hunger without actually being hungry, feelings of anger without being mad, and so on. These experiences are not “real.” This is also the case if, for example, lack of oxygen stimulates the parts of the brain where NDEs take place: the induced experiences are not “real,” even if the persons who have them feel that they are.

All real experiences must take place somewhere in the brain to render them understandable, and that includes real NDEs. But with real NDEs, the parts of the brain in which NDEs take place are being used for their intended purpose, just as when I am “really” hungry and the hunger center in my brain leads me to experience feelings of hunger.

True NDEs probably differ from unreal experiences in the tremendous intensity of the experience, for example, the enormous feeling of love and the strange communication with the Light. Examples of unreal NDEs might include a life review unaccompanied by any comment or deduction; a sensation of being outside the body, accompanied by visual perceptions that do not accord with reality; or seeing loved ones who are still living on earth.

Perhaps unreal NDEs sometimes intermingle with real ones. “False” stimuli such as lack of oxygen might influence the brain at the same
time as "true" stimuli as one loses consciousness near death. In such cases, some parts of the NDE account may be incorrect because of the confusion between experiences brought about by "true" and "false" stimuli. If this is true, then NDE accounts with contradictions may be easier to accept and understand.

I believe that the parts of the brain in which NDErs take place have a purpose. But I find it hardly likely that nature would develop a scenario in which, for example, a cardiac patient first experiences a serious agony of death when a heart attack occurs, then while unconscious "awakens" to an "unreal" experience of life continuing with God that is only an artifact of the brain, only to go eventually into eternal darkness. I find it more likely that the parts of the brain in which NDEs occur are there to make "real" NDEs and other spiritual experiences easier to understand.

References


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